



REAL ESTATE APPRAISER SECTION  
P.O. BOX 9048  
OLYMPIA, WA 98507-9048  
dol.wa.gov

## Real Estate Appraiser Temporary Practice Application

FOR VALIDATION ONLY

### Non -Refundable Fee: \$150.00

Make remittance payable to State Treasurer.  
Send this application with your remittance to:  
Department of Licensing  
PO Box 9048  
Olympia, WA 98507-9048

Check one only:

☐ **Certified General**      ☐ **Certified Residential**      ☐ **State Licensed**

### Instructions

Please type or print clearly

If you are currently licensed/certified in good standing in another state, you may obtain a Temporary Permit to practice real estate appraisal in the state of Washington by meeting the requirements in RCW 18.140 and WAC 308-125.

A Temporary Permit is valid for no more than six months from date of issuance and is extendable.

#### All Fees Are Non-Refundable.

1. Complete and submit this application to the address above. **Make sure Consent to Service is notarized.**
2. Attach copy of the **Assignment Contract** which must:
  - a. be on letterhead
  - b. be dated and signed
  - c. include the subject address
  - d. describe the scope of the assignment
  - e. show the due date

### Applicant Information

Please type or print clearly

|   |  |  |     |               |  |
|---|--|--|-----|---------------|--|
| APPLICANT'S NAME (Last, First, Middle)  |  |  |     | DATE OF BIRTH |  |
| MAILING ADDRESS   |  |  |     |               |  |
| CITY  |  | STATE  | ZIP | COUNTY        |  |
| BUSINESS NAME   |  |  |     |               |  |
| BUSINESS ADDRESS (Current Physical Place of Business is Required)   |  |  |     |               |  |
| CITY  |  | STATE  | ZIP | COUNTY        |  |
| TELEPHONE NO. (During Normal Business Hours)  |  | SOCIAL SECURITY NO. (Required per RCW 23.26.150) |     |               | GENDER (M or F)  |
| Have you ever applied for licensure/certification as a real estate appraiser in Washington state?                         |  |  |     |               | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| Are you currently licensed in Washington state as a real estate salesperson, broker or associate broker, or escrow agent? |  |  |     |               | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| IF YES, FULL NAME UNDER WHICH YOU ARE LICENSED (As it Appears on Your License)  |  |  |     | LICENSE NO.   |  |

### Out-of-State Information

*Indicate certification/licensure and status (active or inactive) from another state.*

|  |                   |        |   |                    |
|--|-------------------|--------|---|--------------------|
| STATE  | MONTH/YEAR ISSUED | NUMBER | <input type="checkbox"/> <b>Active</b> <input type="checkbox"/> <b>Inactive</b> | MONTH/YEAR EXPIRED |
| FULL NAME UNDER WHICH YOU ARE LICENSED (As it Appears on Your License) |                   |        |   |                    |

### Please Read and Sign Page 2

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 664-6504 or TTY (360) 664-8885.

## Applicant's Attestation



I, the undersigned, certify that I am the person referred to in this application for a temporary permit as a real estate appraiser in the state of Washington, that I have read and understand RCW 18.140 and WAC 308-125, and that the statements herein are true to the best of my knowledge and belief.

I hereby authorize all organizations, my references, employers (*past and present*), business and professional associates (*past and present*), and all governmental agencies and instrumentalities (*local, state, federal or foreign*) to release to the Department of Licensing any information, files, or records requested by the department in connection with the processing of this application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. **If I furnish any false information in this application, I agree that such act shall constitute cause for the denial, suspension, or revocation of my temporary permit to practice as a certified/licensed real estate appraiser in the state of Washington.**

Applicant's Signature X Date \_\_\_\_\_

## Consent to Service - must be notarized

I, the undersigned, residing in the state of \_\_\_\_\_, have obtained or are about to obtain a license/certification from the State of Washington to engage or continue in the business of real estate appraising and hereby irrevocably consent that suits and actions may be taken against me in any county of the State of Washington in which any party/plaintiff having cause of action against me resides and that service of any process or pleading in an action or suit may be made by delivering it to the Director of the Department of Licensing of the State of Washington, at Olympia, Washington.

In witness hereof this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
at \_\_\_\_\_

X

SIGNATURE

NAME TYPED OR PRINTED

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_

X

SIGNATURE

NAME TYPED OR PRINTED

TITLE

EXPIRATION DATE OF APPOINTMENT

SEAL

***Upon Filing, This Application Becomes a Public Record and is  
Subject to Public Disclosure Provisions Pursuant to RCW 42.56***